

# Bulletin

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## FOOD

### ENRICHED BREAD

6-2

NEW YORK STATE DEPARTMENT OF MENTAL HYGIENE has developed a highly nutritious, flavorful bread which it is serving 54,475 mental patients each day.

The formula contains 6% full-fat soy flour and 8% fat-free dry milk solids in addition to enriched white flour. It provides a simple, inexpensive way to increase the protein, vitamin, and mineral content of the institutional diet.

Physically the new bread has a fine, golden brown, tender crust, excellent "spring" texture, and grain with a slightly creamy inside color. It is said to have a rich, savory flavor.

The formula was developed with the cooperation of a leading flour milling company, Cornell University's department of nutrition, and the American Dry Milk Institute.

The recipe is available from the Mental Hospital Service on request. Please specify whether it is for large (100 pounds of flour) of small and medium (25 pounds of flour) bakeries.

## VOLUNTEERS

### UNION ORCHESTRA DONATES SERVICES

11-3

THE LOCAL MUSICIANS' UNION provided 20 nights of free dance music for weekly patient dances at the Nevada Hospital for Mental Diseases in Reno. The activity, approved by the National Office of the Musicians' Union, was supported through the Union's fund from royalties on recordings.

The amount available for such services is limited within each year. The local labor paper gave notice to the series, however, and there is a possibility of developing private sponsors.

The live music increased attendance well above the number at dances where the public address system is used.

### VOLUNTEERS TO BE ORGANIZED STATEWIDE

11-7

THE MENTAL HYGIENE SOCIETY OF MARYLAND is embarking on a three year program to mobilize 450 specially trained volunteers

for the five state mental hospitals.

The Society estimates it will take three years to select, train, orient, assign, and supervise the volunteer corps. With a total of 450 volunteers, each hospital will have one volunteer for every 100 patients five days a week.

Success depends on the cooperation of all organizations interested in a volunteer service. A representative meeting of these groups has been called for early next month to lay plans. Although a similar plan has been put into practice by V. A. hospitals, no organization has tried it for the benefit of all hospitals in a state.

### MEDICAL SOCIETY VOLUNTEERS

11-4

MEDICAL AND SURGICAL CARE has been provided for patients at State Hospital South, Blackfoot, Idaho, for the past two years by the local medical society. Doctors volunteered to assist the hospital in any special manner whenever requested, and to do so gratis if there were no funds with which to pay for their services.

Since the voluntary service was inaugurated, the doctors have regularly assisted the hospital whenever an emergency arose and also furnished routine consultations. Thus the institution has had the expert advice of surgeons, internists, ear-nose-and-throat men, eye men, and other specialists when they were needed.

## WANTED !!!

### NEWS FROM YOUR HOSPITAL

A special reporting form is included with this month's Bulletin. We hope every subscribing member will use it to send in news for future issues. Remember that a routine technic in your hospital may be news to another hospital. Information about building programs, new construction and remodeling is particularly needed; and please include information about where architect's drawing can be obtained, if possible.

Our thanks to subscribers who have already sent in many items. Although some of them cannot be used immediately because of space requirements, they will be used eventually.

## HOUSEKEEPING

### FLANNELETTE CAPES

7-2

AN ATTRACTIVE AND PRACTICAL CAPE for elderly patients has been designed at Florida State Hospital, Chattahoochee. Tied at the neck, it has a round, Peter Pan collar. It is simple to make, consisting of two identical front pieces, two shoulder pieces, and a back. Drawings from which patterns can be made are available from M.H.S.

### PICTURES HELP

7-3

MUCH OF THE "INSTITUTIONAL LOOK" at Bedford (Mass.) V. A. Hospital is alleviated by a large number of good prints of water colors and oil paintings by well known artists.

The funds for the reproductions were donated by friends of the hospital. The pictures, selected by a committee of patients and interested hospital personnel, are framed in the OT shop by patients and hung in the corridors and day rooms of ward buildings. They present a sharp contrast to the stereotyped, poorly framed, and often faded pictures frequently found in mental hospitals. Comments of both patients and visitors have been very favorable.

## TRAINING

### IN SERVICE TRAINING FOR SOCIAL WORKERS

10-4

TO OFFSET THE SHORTAGE of trained psychiatric social workers, New Jersey State Hospital at Trenton inaugurated a continuous in-service training program in December, 1947. While the content of the program has been broad, emphasis is centered on three specific objectives: helping the worker develop objectivity, increasing her professional knowledge and skills, and preparing her for community leadership.

The program started with staff meetings, supervisory case work conferences and lectures by qualified speakers. Discussions in staff meetings touched on formulation of department policies, standard operating procedures, the boundaries of the psychiatric social work field, and functions and resources of various community social agencies.

Supervisory conferences dealt with modern case work techniques, taking and recording psychiatric social histories, long and short range planning for individual cases, and the value of after-care clinics.

Visiting lecturers have come from the surrounding area, nearby universities and institutions, and cities as far as New York, Boston, and Charlottesville, Va. Topics have covered state hospital problems, public relations, group therapy, psychodrama, veterans' problems, juvenile delinquency, changes of aging people, family difficulties, etc.

#### PROGRAM IN ADVANCED PSYCHIATRIC NURSING 10-5

THE DIVISION OF NURSING EDUCATION at Duke University offers a 12-month program in psychiatric nursing to prepare graduate nurses for responsible positions in this field. Thirty semester hours of credit may be earned toward the degree of Bachelor of Science in Nursing Education in the year's work. A limited number of training stipends are available through U.S.P.H.S. For further information write to Louise Moser, Director, Program in Advanced Psychiatric Nursing, Box 3439, Duke Hospital, Durham, N. C.

#### MEDICAL STUDENTS TRAINED AT HOSPITALS 10-3

SIX JUNIOR AND SENIOR STUDENTS from the University of Pennsylvania and Jefferson Medical Colleges are assigned to Trenton, (N. J.) State Hospital for two week intervals. They study typical psychotic patients, become educated in hospital procedures, and are oriented to mental health problems generally. Superintendent H. S. Magee, M.D., comments that the program is "one of the most enlightening and stimulating" projects undertaken at the hospital in some time.

Along similar lines, Georgetown University Medical School in Washington, D. C., gives second year students two weeks full time at St. Elizabeth's Hospital. Seniors are assigned for four weeks full time to the neuropsychiatric services at the Naval Medical Center in Bethesda or Walter Reed General Hospital (Army) in Washington.

### RESEARCH

#### PAS TREATMENT FOR TUBERCULOUS PATIENTS 14-6

BEDFORD (MASS.) V.A. HOSPITAL reports early favorable results from treatment of psychotic patients suffering from pulmonary tuberculosis with PAS (Para-aminosalicylic acid).

Nine patients are under treatment with PAS in combination with streptomycin and six patients with PAS alone. They are found to tolerate the soluble PAS extremely well. Diarrhea, nausea, and other complications reported with such treatment have not been found among these psychotic patients.

Dr. Jay L. Hoffman, chief of the Professional Services, reports that one patient with disseminated tuberculosis and pleural involvement, with metastatic tuberculous abscesses of scalp and chest wall responded spectacularly to streptomycin and PAS. The abscesses literally melted away, without leaving any trace. The patient has continued in an excellent condition clinically for the past 18 months. No laboratory or clinical signs of central nervous system involvement have been found thus far.

#### STREPTOMYCIN FOR TB PATIENTS 14-5

FOR THE PAST THREE YEARS, Bedford (Mass.) V. A. Hospital has utilized streptomycin in the treatment of psychotic tuberculous patients.

Physicians initially had some misgivings since it had been reported that streptomycin might have an adverse effect on the course and symptomatology of the psychosis. The fear has not been borne out, however, according to Dr. Jay L. Hoffman, Chief of the Professional Services. In the treatment of over 35 cases, no instance was observed in which the psychosis was adversely affected by streptomycin treatment.

In a number of cases, on the other hand, there was definite and sustained improvement in the symptomatology of the psychosis co-incident with the improvement of the tuberculous process. A number of patients appeared to have an increased sense of well being. Eight nerve disturbances, when they occurred, were accepted with equanimity. In none of the patients did permanent deafness occur. The therapeutic results, so far as the tuberculous process was concerned, were gratifying and were comparable to the results reported in literature.

#### EFFECT OF GRAVITY STUDIED 14-7

THE NEW HAMPSHIRE STATE HOSPITAL in Concord is cooperating with the Gravity Research Foundation, New Boston, N. H., in a study of the possible effects of moon phases on mental patients. The theory behind the research is that mental activity may be periodically influenced by the varying pull of gravity, possibly through its effects on the amount of blood going to the head, the cerebro-spinal fluid, or even the brain itself.

Foster B. Elliott, Director of Research at the Gravity Research Foundation, is in charge of the experiments. Charts of 50 patients are kept at the state hospital and monthly reports are made to Mr. Elliott. The results will be studied to see whether there is any correlation between the symptoms or behavior of the patients and moon phases.

#### PSYCHOLOGICAL TESTS 14-3

THE VETERANS ADMINISTRATION HOSPITAL at Bath, N. Y., is conducting a re-evaluation of the Rorschach and Bellevue-Wechsler tests for their applicability to the large domiciliary group in the hospital. Bellevue-Wechsler results of 185 patients studied to date have failed to establish a reliable pattern of sub-tests that can be used in differential diagnosis of existing psychiatric categories, however.

#### ARTANE IN PARKINSONISM 14-4

BATH (N. Y.) V. A. HOSPITAL is studying the effects of Artane and similar agents in the therapy of Parkinsonism. Although experiments are still in the initial stages, presenting the same drug in different "covers" has produced different subjective reports from patients so far.

There is no indication that Artane is superior to stramonium if both are presented as new drugs. Patients who have been on stramonium and who are given it in a different capsule and told it is a new drug equally report improvement or complications. Yet they do not verify these feelings when required to answer ques-

tions on a "check list" of symptoms.

The same effect was noted with Artane. Some reported worsening which was not confirmed by objective tests. Several patients developed such complications as "GI" complaint and vomiting even though the medication was not changed but only the color.

### EQUIPMENT

#### ELECTRIC HAND DRYERS 20-6

MENTAL HOSPITALS may be interested in the results of a thorough study by the New York City Board of Education on the use of electric hand dryers versus paper towels. The hot air dryers were found to be less expensive and more efficient on the whole.

While the initial cost and depreciation of electric dryers are high, maintenance cost is low. The cost for 100 towels runs from 10c to 15c while a hand dryer costs only about 3c per 100 uses.

Other advantages of the machines are: washrooms are not cluttered and plumbing is not clogged by discarded paper towels; the dryers seem to be more helpful in preventing chapped hands; and service is not interrupted as it is when the towel supply runs out.

On the negative side, electric dryers are subject to vandalism, more than one machine is needed when large numbers use the washroom, and the dryers won't remove dirt left on the hands after a perfunctory washing while towels sometimes will.

In the same study, liquid soap was found to be more efficient and less expensive for washing hands than the powdered or cake variety. Better than straight liquid soap is the lather type in both cleaning ability and economy.

#### WAITING ROOM FURNITURE 20-7

THE VA HAS STANDARDIZED four simple pieces of waiting room furniture of chrome plated metal with imitation leather upholstery in red, brown, and green, some of them having common replacement parts. For example, spring-filled seat cushions and the reversible spring-filled back cushions on the 3-seat settee and on the easy arm chair are interchangeable. Both these pieces also have natural wood arm rests.

A matching side chair with cotton padded seat and back and feet equipped with rubber cushion slides are also in use. The rectangular table has a Formica brown linen top with hairpin-type legs.

The table is manufactured by Duro-Chrome Corp., 1814-24 McNulty Street, St. Louis, Mo. The settee, easy chair, and side chair are products of Doehler Metal Furniture Co., Inc., 192 Lexington Avenue, New York, N. Y. (Prices on the items were originally \$23.52, \$67.10, \$25.35, and \$5.75, respectively. These prices may have risen since the date of contract, however.)

#### MILITARY PSYCHIATRY

Dr. Calvin S. Drayer, Chairman, reports the Committee on Military Psychiatry is concerned lest commendable moves towards economy, such as the Hoover Commission's recommendations, might lead to such radical consolidation that the gains would be offset by loss of morale in Army and Navy medical personnel. This Committee is also much interested in establishment of a research group at the Philadelphia Naval Hospital for applied research in military psychiatry.

## ABOUT THE BULLETIN

This fourth issue of the *Bulletin* is being mailed to 585 subscriber hospitals in the United States and Canada. They include 185 state and provincial mental hospitals, 152 private mental hospitals, 53 state and provincial institutions for mental defectives and epileptics, 35 private institutions for mental defectives and epileptics, 51 VA and DVA hospitals, 37 general hospitals with psychiatric wards, 25 city and county mental hospitals, 20 psychopathic hospitals, 18 army and navy hospitals, and 9 U. S. government hospitals. In addition, it goes to 75 regional representatives and 65 state and provincial mental hospital authorities.

The number who have responded to the call to join with the A.P.A. Mental Hospital Service to launch a continent-wide, teamwork approach to mental hospital problems is most gratifying.

We are still concerned, however, that staff personnel may not be seeing the *Bulletin* regularly and promptly. If our budget permitted during this trial period, we would send many copies free to each subscriber. But since it doesn't, we hope that every subscribing hospital will either order extra subscriptions at \$1.00 per year per extra copy or make certain that the single copy received free is circulated among the staff.

The *Bulletin* is published monthly for subscribers to the A.P.A. Mental Hospital Service, American Psychiatric Association, 1624 Eye Street, N.W., Washington 6, D. C.

Subscribers may request further details about any item appearing in the *Bulletin*. A post card request with reference to the number of the item is sufficient.

All subscribers are urged to contribute items to the *Bulletin* about developments in their hospitals.

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## NON-PROFIT HOSPITALS ELIGIBLE FOR SURPLUS FOOD

Irish potatoes and dried milk and eggs are available from Department of Agriculture surplus commodities for non-profit institutions. In the case of the 1949 crop of Irish potatoes the Department has recently been authorized by Congress to pay transportation and handling charges. Otherwise, however, the recipient pays.

To establish eligibility, hospitals must be non-profit and tax exempt under Sec. 10, Par. 6 of the U. S. Internal Revenue Code. Also, the Department places emphasis on furnishing the commodities to hospitals or institutions with non-paying patients, or for patients who pay only a portion of the regular fee. The purpose of the program, the Department states, is to move these commodities to places where they would otherwise not be purchased.

In nearly all states, information about making application for the commodities may be obtained through the Department of Welfare or Education. Detailed information about procedure may also be obtained from your M.H.S. office.

## A.P.A. DISCLOSES DANGERS INHERENT IN V.A. HOSPITAL CUT

On March 31 A.P.A. President George S. Stevenson released another public statement warning of the threat to medical care inherent in the personnel cut now being effected throughout VA hospitals and clinics. (See last *Bulletin*.)

This time Dr. Stevenson backed up his warning with concrete evidence based on reports received from the VA hospitals themselves. He pointed out, for example, that the VA hospital at Gulfport, Mississippi, would have to eliminate its vocational rehabilitation and education program. At American Lake, Washington, insulin therapy would be stopped; at Downey, Ill., the recreation program for TB patients would be cut out; at Marion, Indiana, hydrotherapy would be reduced; at Togus, Maine, one surgical ward would be closed. Altogether Dr. Stevenson enumerated the effects of the cut in 21 hospitals, and expressed the hope that a widespread public protest to the Congress would result in a deficiency appropriation for VA which would put a last minute stop to the personnel cutback.

The story was widely printed in newspapers across the nation, and was given front page prominence in the Washington (D.C.) *Evening Star*. It has also been reprinted in the Congressional Record.

It still could not be ascertained whether the cut would be stopped at the time the *Bulletin* went to press; but the awakened public interest stimulated by the A.P.A.'s strong stand created a favorable setting for corrective action by Congress.

Copies of the press release are available.

## NEUROLOGIC CENTER FOR CIVILIAN PATIENTS OPENS

Glenwood Hills Hospitals in Minneapolis have opened the first Neurologic Center for civilian patients in the Northwest, with complete facilities for treatment of hemiplegic patients, multiple sclerosis, retraining of speech disorders, paraplegia and other paralyzes and ataxias. Dr. Julius Johnston is Chief of the Medical Staff of this voluntary non-profit hospital.

## EDITORIAL

Sensitive to the immense cost of public psychiatric hospitals, and faced with the ever present need and duty of asking for more money, the mental hospital superintendent frequently believes, with resignation, that taxes and living costs are so high it is futile to hope that the taxpayer will make further sacrifices to meet the needs of the mentally ill.

But is it true that the taxpayer-citizen would shirk his responsibility if he understood precisely what it is the mental hospitals want?

Does the taxpayer know that, in essence; the mental hospitals want merely to provide the same standards of care and treatment that a citizen expects of any good private general hospital treating other kinds of diseases and injuries? That they want to give patients intensive treatment when they need it, and promptly? That when the patient is ready for release, they want to make advance preparation to ensure his successful adjustment? That the hospital wants to maintain a decent and humane level of comfort for its patients?

Does the taxpayer know that the American Psychiatric Association has established standards for mental hospitals, the attainment of which is absolutely essential if adequate care is to be provided? Is he acquainted with the minimum doctor-nurse-aide-patient ratios that are acceptable? Does he know about the number of square feet per patient bed needed? About the minimum acceptable food ration? Clothing? Furnishings?

Laments about overcrowding, idleness, poor food and clothing, inadequate personnel, and the like have been heard for so many years that they are increasingly less productive of corrective action.

We believe the mental hospitals would be better served by telling the public what they need and why—by stating the case positively.

The public is currently sensitive to arguments that government operated mental services hold greater promise than private practice. State mental hospitals are government operated. Would it fall on deaf ears to bruit the point that public mental hospitals are not making excessive demands in asking that they be enabled to maintain standards that are taken for granted in other hospitals?

WALTER E. BARTON, M.D.

## A.P.A. ANNUAL MEETING SECTION ON HOSPITALS

The 106th Annual Meeting of the American Psychiatric Association, Detroit, May 1-5, will feature a symposium on Hospital Administration arranged by the Section on Hospitals (Dr. C. Charles Burlingame, Chairman). It will include papers on "The Hospital Executive, His Qualifications, Responsibilities, Personality Traits and Training," by Dr. Frederick MacCurdy; "Why State Hospital Superintendents Fail," by Dr. Clifton T. Perkins; "The Clinical Director Looks at the Administrator," by Dr. Addison M. Duval; and "What the Nurse Looks for in an Administrator," by Laura W. Fitzsimmons, R.N. The program is scheduled to begin Wednesday morning, May 4, in the Grand Ballroom of the Book-Cadillac Hotel.



## NEW YORK STATE COMMISSION'S RECOMMENDATIONS EMPHASIZE NEED FOR MORE MENTAL HOSPITAL BEDS, SOUND MENTAL HYGIENE CLINIC PROGRAM, RAISED PROFESSIONAL SALARIES, MORE RESEARCH AND TRAINING

*We believe all M.H.S. subscribers will be interested in the findings and recommendations of the New York State Joint Hospital Survey and Planning Commission as they pertain to mental hospitals. With the permission of Columbia University Press, they are reprinted here as an extract from the book "A Pattern for Hospital Care" by Dr. Eli Ginzberg (1949, \$4.50). This book constitutes the final report of the 15 month study of the economic and related problems of N.Y.S. hospitals undertaken in 1947 by Columbia University under the auspices of the Commission.*

THE MAJOR EXPENDITURE FOR HOSPITAL CARE by the State is on behalf of patients suffering from mental diseases. The net cost to the State in 1948 for maintaining 80,000 resident patients in the State mental hospitals approximated \$70 million. There was serious overcrowding in the State mental hospitals, estimated at more than 20 per cent, and more than 12,000 beds in obsolete facilities were currently in use. There were also serious shortages of specific facilities, such as appropriate receiving buildings and wards for disturbed patients.

In addition to these shortcomings, the State mental hospitals are still suffering from the great depletion in staff that took place during the war. They have not yet recouped completely, although they have succeeded in adding very considerably to the number of professional and other employees. This is evidenced by the decline in the ratio of resident patients per employee from 5.8 in 1945 to .2 in 1949.

### LOCATION OF HOSPITAL VITAL FOR PERSONNEL

THE WILLINGNESS OF PSYCHIATRISTS and other psychiatric personnel to work in mental hospitals depends to a great extent on the institution's location. In light of available attractive alternates, it is difficult to interest such persons in living in communities which offer neither professional stimulation nor opportunities for additional training. To the maximum extent possible, therefore, the State should endeavor to build new beds and replace old beds in hospitals located in large urban centers, even where the cost of building is greater than in an isolated community. The State should also consider a revision of the salary scale now in effect, particularly for psychiatrists in the junior grades and for all other psychiatric personnel who can earn considerably more in comparable positions outside the State system.

At the present time the major emphasis in the therapeutic program of the State mental hospitals is on the use of various forms of shock therapy for newly admitted patients and for selected chronic patients. Personnel shortages continue to limit the number of patients who can be given treatment and to limit the amount and quality of the treatment. However, as the personnel resources have increased, some improvement has taken place. With only about 400 psychiatrists in the State mental hospitals, there is no opportunity to provide individual psychotherapy, but some experiments with group therapy are under way.

We recommend that during the next few years the State increase its expenditures in mental hospitals by approximately 15 per cent above the present level of approximately \$2.50 per patient-day. This increase should be devoted primarily to hiring more and better qualified persons and to raise the salaries of those currently employed in professional capacities. In terms of the existing patient population, this would represent a cost of about \$11 million per annum.

### COST OF ADDITIONAL BEDS

DURING THE PAST FEW YEARS the patient population in the State mental hospitals has

increased by 2,000 to 3,000 per annum, approximately the rate that prevailed prior to the war. For planning purposes it seems desirable to postulate an increase of 3,000 patients per annum during the next five years. This assumption is justified by the aging of the general population and the longer life span of persons, both inside and outside institutions. To meet an increased patient load of 15,000, the State is currently constructing slightly more than 5,000 new beds and also replacing 1,000 obsolete beds. At an absolute minimum, the current program will leave a deficit of 6,000 beds. However, if an effort is made, as it should be, to replace a considerable number of obsolete beds and to reduce the prevailing overcrowding at least by half, a construction program of 19,000 beds will be required. At an estimated cost of \$8,000 per bed, the minimum program will cost \$48 million, and the 19,000-bed program, \$152 million. The long-range program of the Department of Mental Hygiene looks toward the construction of 30,000 beds, which would permit the replacement of all obsolete beds and the elimination of overcrowding.

Because of the difficulties encountered by the State in staffing its hospitals, authorities in this field have advanced a number of recommendations as alternatives to the building of additional beds. At present about 37 per cent of all first admissions to State mental institutions consist of older persons suffering from senile psychoses or cerebral arteriosclerosis. It is therefore, contended by some authorities that a considerable number of these aged persons are not really suffering from psychoses, but are admitted to State mental institutions because of the absence of alternative facilities. A review of the evidence does not substantiate this claim. It has also been proposed that facilities for the custodial care of these patients be established outside the State mental hospital system. In the absence of much more reliable data than are presently available, we believe that such a move would be an error, since it would only compound the difficulty of securing personnel to care for these aged persons. We believe that as the community develops more comprehensive services for the care of aged persons, the number requiring admission to State hospitals may begin to level off. However, we have little reason to believe that it will decline in the foreseeable future.

### FAMILY CARE

SIMILARLY, THE RECOMMENDATION IS MADE to expand the numbers in family care programs; at present this is a very modest program. Family care is doubtless advantageous to selected patients and likewise advantageous to the State from an economic standpoint. We do not believe, however, that it is reasonable to anticipate an increase from the present number, 1,500, to more than 2,500 within the next few years. The increase is limited by the fact that many patients must remain within the hospital and many others go to their own homes upon discharge. On the other hand, finding suitable families and providing the super-

visory personnel present further obstacles to the operation of a vastly expended program.

Since the number of readmissions to State mental hospitals accounts for approximately one-fourth of the total admissions per annum, the proposal has been made to strengthen the clinic services provided for convalescent patients by helping them adjust to the non-institutional environment after leaving the hospital. It will be possible, thereby, to reduce the numbers requiring readmission. At present most convalescent patients visit a clinic about three times during the course of the first year. At the end of twelve months they are officially discharged and are no longer eligible to receive the clinic services provided by the Department of Mental Hygiene. A rough estimate suggests that an effective clinic program which would carry patients for a period of years after they leave a State Hospital, with the amount of support diminishing with time, would entail 150,000 clinic visits per annum. This is about five times the size of the present program. Some of the difficulties in the way of strengthening convalescent clinic services are thus evident. Nevertheless, we are in favor of making a maximum effort in this direction.

### ACTIVITY PROGRAMS

THE PREVAILING SHORTAGE OF PERSONNEL in the State mental hospitals has been blamed for the failure to develop an activity program for chronic patients on the back wards, and, in addition, for the neglect of patients whose illnesses have stabilized and who could, if assessed, be safely discharged from the hospital. We question the validity of this contention, but recommend that a team composed of Department personnel and outside consultants be established to screen the back wards in a selected number of hospitals. As for a more active therapeutic program for chronic patients, the experiments now being carried on by the Veterans Administration hospitals should be carefully watched and, where desirable, paralleled.

Although job assignments for chronic patients are not always made in terms of the therapeutic needs of the patients, it should be emphasized that meaningful work represents one important method of keeping such patients active. We feel that work is a most important therapeutic device, and therefore recommend an active educational campaign to overcome the present negative reactions of patients and their relatives towards assignment of patients to suitable jobs in and around the hospital.

### ROLE OF GENERAL HOSPITAL

WE AGREE THAT EVERY GENERAL HOSPITAL should have a psychiatric service and should be able to care for the occasional patient who develops a psychosis after admission to the hospital. The further proposal that every general hospital should become an active treatment center for psychiatric patients in order to deflect some of the patient flow from the State mental hospitals appears to be more alluring than practical. We are convinced that a psychiatric service of even 100 or 200 beds cannot be operated

in a general hospital, except under a very rigid admission policy. The State is currently entering into an arrangement with two general hospitals to test the second proposal, and we recommend that careful statistical controls be applied in order to establish a firm basis for future planning. However, the small size of the units, about 20 beds each, may destroy their usefulness for long-range planning purposes.

The proposal that general hospitals serve as psychiatric treatment centers is based largely on the conviction that it would thus be easier to secure a large number of competent personnel to care for patients with mental illness. We believe that this particular advantage can be secured, and a host of serious disadvantages avoided, through establishing and expanding State mental hospitals in urban centers.

#### MENTAL HYGIENE CLINICS

THE FINAL RECOMMENDATION that is usually advanced to reduce the burden of an increasing number of psychotic patients is to develop improved preventive services, particularly through the expansion of child guidance clinics and mental hygiene clinics. The Mental Hygiene Department has for many years operated traveling child guidance clinics, which now see about 4,000 new cases a year. Their work is largely diagnostic. An effort is currently being made to link their work more closely with that of the medical and other leaders in the respective communities who must assume the major responsibility of caring for their own disturbed children.

The Department will probably allocate this year about \$600,000 of its own and Federal funds to the support of mental hygiene clinics throughout the State. This is a good beginning, but we recommend that this figure be raised rapidly to \$2.5 million annually. The expansion of these clinic services will depend in large part on the simultaneous expansion of training facilities for the various scarce categories of psychiatric personnel.

#### PREVENTION AND RESEARCH

WE RECOMMEND THAT PRIMARY RESPONSIBILITY for the development of effective mental hygiene programs be centered in the Department of Mental Hygiene, but that no action be taken to interfere with the prevailing pattern followed by the State Department of Health, whereby it furnishes 50 per cent State aid for all approved programs, including psychiatric programs, of county and city health departments. Moreover, the Department of Health has a definite responsibility for primary prevention which we believe it can best discharge through educating the staffs of county and city health departments in the principles of mental hygiene, since they come into contact with many individuals in the community.

So little is known about the epidemiological aspects of mental health that the State should make a major effort in the field of research. Until answers are found to many perplexing problems of mental disease, it is unreasonable to expect any significant improvements in therapy. In view of the fact that the State is spending such a large amount of money on the care of patients with mental disease, major efforts in research would be justified on economic grounds alone.

N. J. State Hospital at Marlboro is utilizing the services of two dentists from nearby communities who work part-time on a voluntary basis.

## CLINICAL PRACTICE

### DOCTOR'S ORDERS

13-3

TORONTO (ONTARIO) WESTERN HOSPITAL recommends a modern system for recording doctor's orders to replace the 200 year old order-book system.

There the doctor's orders are written on the patient's permanent record sheet, avoiding the need for transcription by the nurse, thus saving both time and error. To make sure the nursing staff is aware of any orders that have been written, the doctor makes a memo on a "flag sheet" which is left open on the nurse's desk.

He then turns to a book or folder which contains in alphabetical order the names of all the patients on the ward. On this sheet he notes and signs the date, time of order, specific order, and any notice as to standing or status or features of that order. A treatment sheet may also be necessary. Some hospitals include a space for a note by the nurse stating that the order has been carried out. Noting only when the treatment is refused or not carried out avoids a mass of data. Pertinent medical and nursing observations should be included also.

### PROVIDING SURGICAL CARE

13-2

THE SURGERY DEPARTMENT of the University of Virginia Hospital established a liaison with Western State Hospital in Staunton last May. A team composed of the surgical resident and a senior assistant resident goes to the hospital every two or three months.

During their first week, operations are performed by the resident aided by his assistant. They are supervised by a local surgeon who has passed his qualifications for the American Board of Surgery.

An average of 15 operations, such as hernia and tumor removal, are done during the week. The resident then returns to the University Hospital and his assistant stays to give post operative care.

Under this arrangement, Western State Hospital furnishes the operating room and nurses while the University Hospital supplies the trained surgeons. The relationship between the two hospitals is considered very satisfactory.

## FARMS

### NON-DIRECTED PATIENT PARTICIPATION IN THERAPY

15-9

A METHOD OF ROUND TABLE THERAPY at St. Peter State Hospital in Minnesota is described by Superintendent B. P. Grimes as "unique in that it provides for non-directed patient participation and management in the therapeutic situation."

The procedure involves recording the patient's discussion of their difficulties. The recordings are played back in a subsequent listening period. The participants carry the load in the therapy session, with the therapist handling the recording apparatus and taking little part in the discussion.

Only seven patients take part in the therapy session, although other patients on the ward are encouraged to attend as onlookers. The onlookers are permitted to enter the discussion of the participants on a limited basis. Additional persons for active participation are selected from the onlookers' group.

At present the hospital is using two

groups on this form of therapy, which Dr. Grimes states is "well accepted by the patients and apparently of great help to them in expressing their problems."

The method was developed by Dr. Willis H. McCann at the St. Joseph, Missouri State Hospital.

### BILINGUAL PATIENTS PROVE ASSET

15-6

A NUMBER OF SPANISH SPEAKING PATIENTS at Central Islip (N.Y.) State Hospital have been making valuable contributions to the hospital. Bilingual patients with suitable educational background hold classes to assist other Spanish patients in learning English and to teach Spanish to American patients.

"The patients enjoy this feature of the O.T. program. The many psychological advantages obtained by both instructors and students in this classroom situation are obvious," writes David Corcoran, M.D., senior director of the institution.

Still other Spanish speaking patients are used as interpreters for physicians conducting interviews with Spanish patients who have little or no knowledge of English.

## COMMITMENT

### O-P SERVICE AND VOLUNTEER ADMISSIONS

5-1

AN OUT-PATIENT SERVICE, designed partially to screen out patients who need not be regularly committed has been set up in the Iowa state hospitals under a \$500,000 appropriation by the General Assembly. Some persons requiring hospital care are admitted on a voluntary basis.

The State Hospital at Independence was chosen to set up the model out patient service. Over \$200,000 was spent remodeling and redecorating wards for men and women patients to stay on a voluntary basis. Admission follows interview by appointment. Those who are able, can pay if they wish, but no Iowa resident can be turned away for inability to pay.

Clarinda State Hospital has a comparable service on a smaller scale under the title of the "Southwest Iowa Screening Center."

One question arising from the new arrangement is whether people will go out to the hospitals for consultation or whether it will be necessary to take the clinics to cities.

### NATIONAL NURSING LEAGUE UNDERTAKES STUDY

Under a grant from the Public Health Service, the National League of Nursing Education, with the National Organization for Public Health Nursing, is making a study of desirable qualifications for mental hygiene and psychiatric nursing personnel. A first step is to locate professional registered nurses in psychiatric institutions of all types.

A one page questionnaire to all nurses (approximately 10,000) in the field of psychiatry has been mailed through the Directors of psychiatric and mental hygiene facilities in the United States and territories. This will aid in determining qualifications of nurses as to academic and clinical experience. It is hoped that a full report will be available by July 1.

Comments on the study are welcome. Address: Psychiatric Nursing Project, National League of Nursing Education, 1790 Broadway, New York 19, N. Y.



## PUBLIC RELATIONS

### COUNTY FAIR

4-5

ABOUT 3,000 VISITORS from all parts of California attended a "County Fair" exhibit staged by the V. A. Neuropsychiatric Hospital at Los Angeles to acquaint the public with the hospital's intensive therapeutic program. Among the exhibits were a model clinic, a display of practical manual arts projects, photographs of corrective therapy procedures, representative book collections from the patients' library, display of altar arrangements by the chaplain, and a 20-piece all-patient orchestra.

### PUBLIC EDUCATION CAMPAIGN LEADS TO BUILDING PROGRAM

4-9

FUNDS FOR A CONTINUOUS BUILDING PROGRAM spread over a period of 7½ years, in addition to current operation and maintenance funds, were granted Texas State hospitals and special schools at a recent special session of the State Legislature. A concentrated publicity campaign preceded the special session which approved the grant.

The Austin Professional Chapter of Sigma Delta Chi (journalism fraternity) published a brochure containing an outline of the facts for the use of speakers, editorial writers, and radio commentators. As part of their special project, they also disseminated clippings from the state's newspapers and suggestions to publicity writers for local papers and radio stations.

Another brochure, "Seven Challenges, A Report on Conditions in the State Hospitals of Texas," was put out by the Hogg Foundation for Mental Hygiene at the University of Texas.

Following the special session, Moyne L. Kelly, executive director of the Board for Texas State Hospitals and Special Schools, mailed out letters thanking the Governor, members of the legislature, and all who had helped.

### NURSE'S INSTITUTE

4-10

MASSILLON (OHIO) STATE HOSPITAL played host recently at a one day institute for members of the Mental Hygiene Committee, District 1, Ohio State Nurses' Association. The program included clinics and demonstrations of insulin shock therapy, electric sleep therapy, hypnosis, and prefrontal lobotomy. A tour of the hospital and a speech on "The Mental Problem and Our Christian Responsibility" by a lawyer member of the Stark County Mental Hygiene Society were included. Approximately 250 nurses and members of the Mental Hygiene Society attended.

### "ALMOST ANYTHING SHOP" TO FINANCE BUILDING

4-2

INGLESIDE HOME, INC., a private mental hospital in Cleveland, Ohio, will open its "Almost Anything Shop" on February 20. Proceeds will aid the building fund for the new hospital to be erected next year.

Patients, relatives, and visitors will be able to purchase art objects, china, rare glassware, and other gifts at the shop. The merchandise is donated by friends and staff members. So far contributions have ranged from new electrical appliances to antique jewelry and rare prints. According to Administrator G. H. Holmes, interest in the project is at a high pitch. Staff and friends are vying with each other to make the opening a success.

## MINISTERS LEARN ABOUT PSYCHIATRY

4-7

INTEREST IN PSYCHIATRY shown by the Ministerial Association of Marion, Ind., prompted the V. A. hospital manager and staff there to hold a series of lectures, conferences, and films for the group. As a preliminary step in planning the series, each member of the association was given a check list of suggested topics so that he could indicate the areas of his interest.

As a result the following subjects were taken up: (1) Modern Psychiatric Treatment in a Mental Hospital, (2) Early Symptoms of Mental Illness, (3) Psychological Mechanisms and their Relation to Our Ministry, (4) Shock Therapy, and (5) Electroencephalography. An effort was made to interpret the functions and procedures of a mental hospital during these discussions.

Because of the gratifying response from the Ministerial Association, further discussions and conferences followed. Additional topics included: (1) Desirable Qualities in the Counselor, (2) When We Counsel, and (3) Occupational Therapy and its Underlying Philosophy. The films, "Shades of Gray" and "Let There Be Light" were also shown. Three case histories were presented and discussed by the ministers.

## CONSTRUCTION

### INTERIOR DECORATING

12-6

THE DEPARTMENT FOR NERVOUS AND MENTAL DISEASES of the Pennsylvania Hospital (Philadelphia) has redecorated using gay or quiet colors according to the type of patient being treated. Patients were consulted and gave many helpful suggestions in working out the color schemes. Mrs. Rachel Stokes, a trained nurse with experience in decorating, acted as consultant.

One convalescent women's unit, for example, is painted in cool blue and gray with soft, dusty rose draperies. Individual rooms have pastel pink walls with deeper pink ceilings. Using the theme "welcome and relax," a second convalescent women's unit has cool, olive green walls with white woodwork and ceilings, chartreuse draperies, and touches of terra cotta. The bedrooms have pastel walls and figured chintz curtains.

The women's receiving unit, done in soft greens, yellows, and gold, features wall paper with scenes of the New Jersey Palisades. Bedrooms are pastel to harmonize with green corridors. Low poster beds with chintz spreads give a homelike atmosphere.

The older women's unit stresses serenity with cool turquoise walls. The floor covering is dark blue, turquoise, and dusty rose. Bedrooms have coral tones.

A large parlor in the most active men's unit is painted black green with white ceilings and a scenic pattern on one wall. The furniture is red and dark green leather and the carpet bright red. Buff corridors have contrasting inlaid rubber tile. The older men's unit features yellow tones. Floors are embossed inlaid linoleum in an old world design. Brass carriage lamps are used as sidelights and a hunting scene hangs over the fireplace.

The canteen strikes up a fiesta atmosphere with South-of-the-Border orange, red, and blue tones. Drapes are made from

gay material. The beauty parlor features red and white candy stripes on one wall, a red ceiling, and candy striped furniture and curtains.

### MODERN PLANNING

12-10

HORIZONTAL EXPANSION and new building technics will be introduced in a new psychiatric building under construction at Milledgeville (Ga.) State Hospital. Two patios, large enough for softball fields, will provide exercise space for patients where special supervision will not be needed.

Covering five acres of ground, the building will have over 100,000 square feet. The contract cost is \$495,000, or less than \$5.95 a square foot. A. R. Briggs Construction Company, Macon, Ga., is the builder and Gregson & Ellis, Atlanta, the architect.

Divided into ten wards of 100 patients each, it will house 500 male and 500 female colored patients. Each ward has a doctor's office, and storage space for linens, patients clothing, and supplies. The attendant is centrally located in each ward so that he may observe all patients.

Resilient floors have been planned to reduce risk of fractures. Heated by radiant heat, each ward is controlled by 12 systems. The walls are divided into sections with beds separated by sound proof steel partitions which are raised from the floor to facilitate cleaning.

Each ward has its own recreation room opening into the patio. The large dining room will be furnished with movie equipment. A public address system will carry FM broadcasts and provide inter communication between the central office and all wards. As many as five different radio programs may be heard in different areas.

Other features include: an isolation ward with 32 private rooms, cast iron pipes down-spouting into the building and having a low maintenance cost, and sound treating throughout with acoustical tile in dining hall and office.

### EXERCISE YARDS

12-8

FENCED EXERCISE YARDS attached to ward buildings at Nevada Hospital for Mental Diseases in Reno allow patients greater freedom of movement, improve their general health, and reduce the number of "violent" cases, according to Superintendent S. J. Tillim, M.D.

Whenever weather permits, patients may spend time outdoors in the enclosure. No extra supervision is required. Overcrowding in the wards is relieved during the day. The patients have more physical exercise than they would have ordinarily, and feeble patients have wider latitude in getting out of bed. The arrangement is considered especially advantageous for seniles, chronic, and long-term cases.

The general health in the institution is above average with confinement in bed seldom more than 1½%. Dr. Tillim believes the use of the exercise yards is largely responsible for an almost total absence of mechanical restraints in the hospital.

### AIR COOLING SYSTEM

12-7

AN AIR COOLING SYSTEM installed last year in the disturbed women's building at The New York Hospital, Westchester Division, White Plains, N. Y., "has certainly had a good effect on our patients", according to Medical Director James H. Wall, M.D. Although the unit is greatly needed only a few weeks each year, it contributes to the comfort of the hospital personnel as well

as the patients, Dr. Wall declared. A number of psychiatrists who visited the building have expressed their intentions of incorporating an air cooling system in their new buildings. This particular improvement cost \$25,000.

#### USING AVAILABLE SPACE

12-9

NEVADA STATE HOSPITAL FOR MENTAL DISEASES has provided more room for recreation and occupational therapy facilities by using presently available space until funds are granted for a separate building.

A storage basement and inadequate assembly hall in the nurses' quarters has been transformed into an occupational therapy shop. A more spacious area in the new men's ward is used as an assembly hall for showing movies, and holding religious services, bi-weekly square dances, weekly social dancing, birthday parties, musical entertainments, and other recreational gatherings.

By demonstrating the importance of recreation and occupational therapy, the hospital has been given authorization to employ a qualified director for these activities.

#### MAINTENANCE

#### FIRE PREVENTION PROGRAM

8-3

AN 11-POINT FIRE PREVENTION PROGRAM was set up for Minnesota state mental hospitals and other institutions by Governor Youngdahl as a result of the fire in the Davenport, Iowa, mental hospital. The director of state public institutions was asked to survey all institutions and hospitals to see that they were abiding by the following regulations, many of them normally routine:

1. Carry out all orders on fire prevention as established by the state fire marshall.
2. Train all employees in wards and departments in the fastest and safest methods of removing patients and inmates should fire break out. Conduct fire drills regularly.
3. Make daily searches of all buildings for rubbish, papers, and other inflammable materials that can start or spread fires. Make certain that all combustible material is stored safely.
4. Keep all fire exits and escapes in such condition that they may be used safely on instant notice.
5. Keep fire-fighting equipment ready at all times. Inspect hoses and extinguishers regularly to insure that they are in good condition. Make sure that date of each inspection is recorded clearly on tags attached to equipment.
6. During the winter make weekly check of all water mains.
7. Smoking in bed or in parts of buildings which are not fireproof is to be forbidden. Fireproof sections for smoking shall be provided.
8. Patients in nonfireproof buildings shall not be permitted to have matches.
9. Install a system in each institution which will keep an employee on duty at all hours in nonfireproof buildings where patients are housed.
10. Pay special attention to exits in buildings with barred windows to make sure that immediate removal of patients is possible.
11. Give top priority to the fire protection projects for which the legislature provided funds to see that they are completed as quickly as possible.

## THE QUESTION BOX

To speed the exchange of urgently needed information, "The Question Box" will give the name and address of the person from whom the question was received. Subscribers who can supply information are asked to write directly to the inquirer, sending a copy of their letter to M.H.S. so that we may have the information for future use.

1. A physician working with the Missouri Council of Churches providing clinically trained chaplains for state institutions would like to know names and addresses of state hospitals who have full time clinically trained chaplains, qualifications set up for such chaplains, and salaries with or without quarters provided. (Alfred K. Baur, M.D., 324 Clark Ct., Webster Groves 19, Mo.)

2. Data are needed on fees charged for the care of mental patients in state institutions. (G. A. Wiltrakis, M.D., Deputy Director, Department of Public Welfare, Room 1500, 160 N. La Salle St., Chicago, Ill.)

3. One state hospital has been given conflicting decisions on the question of whether personnel who must live at the hospital, and who are paid in cash, but have maintenance deducted must pay income tax on that portion of their income which is deducted. If a clear cut decision has been made for any institution the Mental Hospital Service would appreciate receiving the details.

4. William F. Kistner, M.D., Firmin Desloge Hospital, St. Louis, Missouri, wishes to know if any work has been done in the field of electrolyte balance in the course of insulin or electric shock therapy.

5. This office needs information about states and hospitals which pay a higher salary for Board certification, and the percentage differential allowed.

6. The Board for Texas State Hospitals would like to set up a procedural guide to Texas Hospitals describing types of patients admitted, factors determining referral of patients to different types of institutions, etc., and would like to hear what other states have done along this line. (Edgar S. Ezell, M.D., 210 Medical Arts Bldg., Fort Worth 2, Texas.)

7. The Utah State Hospital is planning construction of a medical-surgical unit of about 100 beds and an isolation annex of probably 20 beds. They would like to obtain plans showing general arrangements for buildings of this type so that their architect may embody them in his plans. (Owen P. Heninger, M.D., Superintendent, Utah State Hospital, Provo, Utah.)

#### FIRE INSPECTION

8-1

ARKANSAS STATE HOSPITALS are undergoing a volunteer fire inspection survey by 75 fire insurance company field men working in cooperation with the Hospital Division of the State Health Department, the Arkansas State Firemen's Association, and the Arkansas Inspection and Rating Bureau. The survey comes under a new program of the National Board of Fire Underwriters.

The inspectors took a refresher course at Little Rock before starting on the job. The survey is to include data on each hospital's construction, boiler and power plants, chimney and incinerators, electricity, exits, gas equipment, refrigeration, ventilating and air conditioning, kitchens, laundry, sewing room, repair shops, laboratories, pharmacy, X-ray equipment, operating rooms, storage and handling of compressed

and flammable liquids, housekeeping, sprinkler system, fire extinguishers, firm alarms and watch service, drills and training, and public fire protection.

All inspections and reports, including recommendations, will clear through the Arkansas Inspection and Rating Bureau. A copy of the recommendations will be sent to the hospital, the National Board of Fire Underwriters, the State Fire Marshal, and the Hospital Division of the State Health Department.

## ADMINISTRATION

#### COOPERATIVE VENTURES

1-9

TWO NEIGHBORING PUBLIC MENTAL HOSPITALS in upstate New York, Marcy State Hospital and Utica State Hospital, have collaborated to enrich a training program for residents and to staff a veterans clinic.

To supplement the first year resident training program at Syracuse Psychopathic Hospital, the staffs of Marcy and Utica Hospitals jointly give a course for resident psychiatrists from hospitals of the upstate area. Consisting of a series of weekly lectures, demonstrations, or conferences at either of the institutions, the course covers neuroanatomy, neurophysiology, neuropathology, clinical psychiatry, and clinical neurology, together with some material relating to psychology, occupational therapy, and social work. By collaborating, duplication of effort is avoided, the best instructors are secured, and the group is enlarged to contain more diverse elements.

The staffs of the same two institutions also jointly operate a veterans' clinic at a Utica hospital. The clinic, headed by the clinical director of the Utica State Hospital, is staffed on alternate evenings by physicians from the participating hospitals.

Such collaboration has other intangible benefits including the breakdown of some rivalry which existed in the past and the very free intercommunication of methods, procedures, and policies, according to Dr. Newton Bigelow, director of Marcy State Hospital.

#### USE OF ALTERNATIVE RESOURCES

1-8

SOME OF THE PRESSURE on Virginia's mental hospitals has been relieved by other facilities. Mental Hospital Clinics, which are established in cooperation with the U. S. Department of Public Health, are now seeing as many patients as are admitted to the state hospitals. The two medical schools (University of Virginia and Medical College of Virginia) with their psychiatric wards are handling more patients than are admitted to the state hospitals, according to Dr. David C. Wilson of the University of Virginia Department of Neurology and psychiatry.

#### PHARMACY OPERATION

1-7

THE USE OF A MEDICAL STOREROOM at N. J. State Hospital at Marlboro under the direction of a storekeeper makes available much needed space in the pharmacy and relieves the pharmacist of such duties as issuing nursing supplies.

The hospital pharmacist manufactures many standard preparations thereby effecting a considerable saving for the institution.

Legislators visiting Eastern State Hospital, Lexington, Ky., were served the same food as patients received that day. They ate in the patients' dining room with tin trays and a large spoon.

## COMMENTARY

## Books Pamphlets Reports Periodicals

An excellent new textbook for psychiatric student nurses, *Introduction to Psychiatric Nursing*, by Marion E. Kalkman, R.N., has just been published by McGraw-Hill (\$3.75). The author is Director of Nursing at the Illinois School of Psychiatric Nursing. Three main sections of the 336-page book deal with learning to observe, understand, and treat the patient, while two other sections consider how the psychiatric nurse works, and nursing care for specific types of patients. The book is intended as a supplement to other texts and seeks to indicate how the nurse can "learn to become a contributing member of the psychiatric team." Assistant Surgeon General Lucile Petry was a consulting editor of the book.

Dr. Paul R. Hawley, Director, American College of Surgeons and former Chief Medical Director, Veterans Administration is the author of a little book of interest to all physicians just off the Columbia University presses (\$2.50) entitled *New Discoveries in Medicine*. One chapter is on "Modern Prevention and Treatment of Mental Disease," in which the author neatly outlines the history of mental hospital care and the development of preventive psychiatry and specific therapies. He concludes . . . "The lamp of hope has begun to burn more brightly, and soon mental illness may be conquered as have infectious diseases and many other scourges of man. When this comes to pass, medicine will have made its greatest contribution to mankind."

Gerald Gross in his April 3rd *Washington Report on the Medical Sciences* reports that the Census Bureau plans to send forms to hospitals to be filled out by the patients. If patients are unable to comply, the census enumerators will rely on hospital records. In the case of doctors and nurses, specialties should be given for the Census record, for example, "Psychiatrist," "dentist," "registered nurse," "nurse's aide," etc. Census takers also want to know whether doctors are salaried, retired, self-employed, or otherwise. Hospital employees will be interviewed in their homes rather than at the hospital.

The Study and Treatment Committee of the Milwaukee County (Wisconsin) Board of Supervisors has turned out an effective report for public consumption. It recommends a study and treatment home for children, by way of a pamphlet, with an attractive picture of two youngsters on the cover, describing case histories, and giving data about the proposed new "Glenview, A Center for Children."

The 1949 *Year Book of Neurology, Psychiatry and Neurosurgery* is out. (The Year Book Publishers, Chicago, \$5.00). Some items of interest to M.H.S. subscribers: "Constitutional Relationship between Tuberculosis and Schizophrenia," a study made by B. A. Zurgilgen at the University of Zurich; "Problem of Criminal Sexual Psychopath," by George H. Cook, a report of observations made at Ionia State Hospital; "Study of Depressive States in Aging Patients," by Clow and Allen, covering 10 years of work at New York Hospital; "Psychologic Significance of Physical Restraint to Mental Patients," by Milton H. Erickson of Wayne County (Mich.) General Hospital; "New Preparation for Sedation in Organic Brain Disease and Senile Disturbance," by H. Lehmann of Verdun Protestant Hospital, Montreal; "Application of Psychoanalytic Principles to Hospital Inpatients," by John Rickman; "Program of Group Therapy in Treatment of Chronic Mental Illness" by John J. Geller, describing program at Central Islip (N. Y.) State Hospital; "Frontal Lobotomy: Clinical Experience with 107 Cases in State Hospital," by a group of Newton, Connecticut, State Hospital physicians; and "Adjusting Levels in Hospitalized Schizophrenic Patients Following Prefrontal Lobotomy," by George D. Weickhardt and M.H.S. Consultant Addison M. Duval.

To those interested in applications of music to the treatment program: *A Hospital Music Newsletter* is published by the National Music Council, 338 West 89th Street, N.Y.C. (\$1 yearly). The January issue carries a note on the use of music with shock therapy, and other articles on music as adjunctive therapy, music from the standpoint of the hospital administrator, and music in state institutions.

G. de M. Rudolf, consultant psychiatrist at Hortham Colony in England discusses "Improvement in Mental Defectives in Colonies" in the January issue of the *British Journal of Mental Science*, which also carries a paper on "Tuberculosis in a Mental Hospital. Five Years' Mass Radiography," by Donal F. Early, psychiatrist at Bristol Mental Hospital.

This office has a limited number of copies available of: "Gray Ladies and Psychiatric Patients," a reprint from an A.R.C. magazine *Volunteer*; "A Philosophy for Community Relations Planning in V.A. Hospitals"; "Our Community Plan" issued by the VA Hospital at North Little Rock, Ark.; and a pamphlet on "The Psychiatric Social Worker in the Psychiatric Hospital," released by the Group for the Advancement of Psychiatry.

The first *Edgewood Medical Monograph* (Edgewood Sanitarium, Orangeburg, S. C., \$2.75) contains a Seminar paper on "Psychotherapy in a Small Hospital," by Dr. J. P. L. Forest of Vermont State Hospital—and a great many other papers of general neuropsychiatric interest. Dr. Forest's paper shows that even an understaffed hospital can do much by combining assets of psychiatrists, and psychiatrically trained psychologists and the Rorschach Test.

The April 1st *Saturday Evening Post* has a lead article on "The Drunkard's Best Friend," the reference being to Alcoholics Anonymous. The article states that A.A. has made working citizens of 90,000 alcoholics. In many cases A.A. has persuaded hospitals to set up separate alcoholic corridors, for which A.A. supplies volunteer workers—a pattern that A.A. would like to see widely adopted. (Note item 17-1 this issue of the *Bulletin*.)

## PATIENTS

### ALCOHOLICS ANONYMOUS PROJECT

17-1

IN COOPERATION WITH Alcoholics Anonymous, Fair Oaks Sanatorium, Inc., a small private hospital in Summit, N. J., has set up an eight bed wing for hospitalization and treatment of A.A. members in the acute stage. Hospitalization period covers a minimum of five days and, at the request of A.A., no person is allowed more than one admission.

The facility is patterned after "Duffy's Tavern" for A.A. members at the Knickerbocker Hospital in New York. Final plans call for a separate entrance with kitchen, dining room, and living-meeting room for A.A. patients in the hospital as well as for members on the outside.

### INTRAMURAL AA CHAPTER

17-6

AN ALCOHOLICS ANONYMOUS CHAPTER has been established at Central Islip (N.Y.) State Hospital to familiarize alcoholic patients with the mechanics of AA meetings and to demonstrate the advantages they can derive from the organization.

Once a week the hospital's alcoholic patients who express a desire for help in combating their problem meet to hear talks by AA members of outside chapters. The program serves as a demonstration clinic for patients and encourages them to identify themselves with a chapter of the organization when they leave the hospital. Their ready entry into a chapter is facilitated by their contact with these extramural members.

## RECREATION

### BARN CONVERTED TO O. T. SHOP 19-5

A REBUILT BARN is serving as an occupational therapy shop at Craig House, a small, private mental hospital in Beacon, N. Y. Before summer the area around it will be flagstoned so that looms, easels, and other equipment may be moved outdoors in good weather.

The new O. T. shop is part of a recreational area which includes golf course and club house, gym, pool, and fishing pond. The area is designed to be as free of hospital atmosphere as possible and large enough so that neurotic and psychotic groups can use it without conflicting with one another. C. Jonathan Slocum, M.D., physician in charge, claims that the more extensive recreation facilities keep patients happier, easier to handle, and more receptive to therapy.

The building itself houses two ladies' arts and crafts rooms, a sewing room for alterations and fitting of ladies' clothes, a photographic dark room, and a wood-working shop. A machine shop is close by for selected patients. The hospital has found that many patients gain more satisfaction from making repairs on hospital property than from creating their own constructions.

Fatigue is alleviated by allowing the patients to walk over to the club house for refreshments occasionally. Suicidal patients may use the shops individually under close supervision. A careful check is made of all tools at the end of the lesson. The hospital has found a marked relief from tension, anxiety, and depression among these patients after using tools.